# SPECIMEN SUBMISSION FORM

STATE LABORATORY INSTITUTE
305 SOUTH STREET, JAMAICA PLAIN, MA 02130-3597
Phone 617-983-6200

**Do Not Use This Space**

**PRINT, APPLY LABEL OR STAMP: DO NOT ABBREVIATE** **ONLY ONE TEST PER SUBMISSION FORM**

| **Send Results To:** | **Patient Information:** |
|---|---|
| Facility / Laboratory Name *(required)* | Last Name, First Name, MI |
| Address | Address |
| | Patient ID Phone # |
| | Sex: M F Other Date of Birth: |
| | Race: (Check One) |
| Phone # | ☐ American Indian or Alaska Native ☐ Asian |
| Ordering Provider and Phone # | ☐ Black or African American ☐ White |
| | ☐ Native Hawaiian or Pacific Islander ☐ Other |
| | Ethnicity: Hispanic or Latino Non-Hispanic or Latino |

**Test Requested:** _____
(required) One Per Form

**Collection Date:** _____
(required) One Per Form

| **Serology** | | |
|---|---|---|
| ☐ Acute | ☐ Contact | ☐ Test of Cure |
| ☐ Confirmation | ☐ Surveillance | ☐ |
| ☐ Convalescent | ☐ Symptomatic | ☐ |

| **Culture** |
|---|
| Date of Culture: |
| Date of Subculture: |
| Sample Treated Y N If yes, how: |

**Source of Specimen: (required) One Per Form**

| | | | |
|---|---|---|---|
| ☐ Anal canal | ☐ Nasopharynx | ☐ Stool | ☐ Body Fluid (site) |
| ☐ Blood | ☐ Plasma | ☐ Throat (pharynx) | ☐ Bronchus (site) |
| ☐ Bone Marrow | ☐ Serum | ☐ Urethra | ☐ Exudates (site) |
| ☐ Cervix | ☐ Spinal Fluid | ☐ Urine | ☐ Wound (site) |
| ☐ Gastric | ☐ Sputum | ☐ | ☐ Tissue (site) |
| ☐ Other: (Specify) | | | |

**Additional Patient Information:**

| |
|---|
| Symptoms, Date of Onset, and Duration |
| Travel History (Dates and Locations) |
| Animal / Insect contact: (specify) |
| Relevant Immunizations (Dates) |
| Previous Laboratory Results |
| Additional Information |

For information on testing, see **Manual of Laboratory Tests and Services**: http://www.mass.gov Search: manual lab

SS-SLI-1-08

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**Please fill out "Additional Patient Information" section on front of form for the following tests:**

| | | |
|---|---|---|
| Adenovirus | Herpes | Rickettsia |
| Arbovirus testing | Influenza | Respiratory Synctial virus (RSV) |
| Babesia | Lymphocytic choriomeningitis virus (LCM) | Rubella |
| Campylobacter | Legionella | Salmonella |
| Chikungunya | Lyme Disease | Shigella |
| Cytomegalovirus (CMV) | Measles | St. Louis Encephalitis |
| Dengue Fever | Mumps | Syphilis |
| E. coli | *Mycoplasma pneumoniae* | Vaccinia virus |
| Eastern Equine Encephalitis | Parainfluenza | Varicella zoster |
| Enterovirus | Parasitology serology | Vibrio |
| Ehrlichia | Pertussis | West Nile Virus |
| Hantavirus | Q Fever | Yellow Fever |

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